



Bib Data Sheet


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 Washington, D.C. 20231

SERIAL NUMBER 09/368,452	FILING DATE 08/03/1999 RULE -	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 163.1239US11
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APPLICANTS
 TIMOTHY A. GUTZMANN, EAGAN, MN ;
 BRIAN J. ANDERSON, ROBBINSDALE, MN ;
 BRUCE R. CORDS, INVER GROVE HEIGHTS, MN ;
 LAWRENCE A. GRAB, WOODBURY, MN ;
 EDWARD H. RICHARDSON, COLUMBIA HEIGHTS, MN ;
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**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF 09/137,242 08/20/1998 PAT 6,010,729

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/27/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING -	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
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*#6 Merchant & Gould P.C.
 P.O. Box 2903
 Minneapolis, MN 55402-0903*

TITLE
 TREATMENT OF MEAT PRODUCTS

FILING FEE RECEIVED 1550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/368,452	FILING DATE 08/03/99	CLASS 252	GROUP ART UNIT 1721	ATTORNEY DOCKET NO. 163.1239US11
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APPLICANT
TIMOTHY A. GUTZMANN, EAGAN, MN; BRIAN J. ANDERSON, ROBBINSDALE, MN;
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LAWRENCE A. GRAB, WOODBURY, MN; EDWARD H. RICHARDSON, COLUMBIA HEIGHTS, MN.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A CIP OF 09/137,242 08/20/98 *MILTON I. CAND*
yes ml *1761-426/321* *U.S. Pat. 6,010,729*

371 (NAT'L STAGE) DATA***
 VERIFIED
fine ml

FOREIGN APPLICATIONS***
 VERIFIED
fine ml

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/27/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 0	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *ml*
 Examiner's Initials _____ Initials _____

ADDRESS
 MERCHANT & GOULD
 3100 NORWEST CENTER
 90 SOUTH SEVENTH STREET
 MINNEAPOLIS MN 55402-4131

TITLE
 TREATMENT OF MEAT PRODUCTS

FILING FEE RECEIVED \$1,420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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